

DATE SENT _____

HOUSTON INDEPENDENT SCHOOL DISTRICT**Sociological Data/Parent Information***Dear Parent:**This information may help in determining your child's educational needs. Please include any other information that you feel will help us help your child.*

Child: _____ Birthdate: _____ Grade: _____
 School: _____
 Parent: _____ Address: _____ Zip: _____
 Phone#: home: _____ - _____ work: _____ - _____

FAMILY HISTORY:

1. Child lives with: _____ Relationship: _____
2. Father's Occupation: _____ Mother's Occupation: _____
3. Primary language spoken in the home: _____
4. Number of children in the family: _____ Ages: _____
5. Have there been any important changes in the family during the last three years? (For example: job changes, family move, changed schools, births, deaths, illnesses, separation/divorce, etc.) _____

STUDENT INFORMATION**1. IF YOUR CHILD IS NOT YET ENROLLED IN A SCHOOL PROGRAM, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- a. Does your child understand and follow your directions? _____
- b. How does your child tell you what he/she wants? _____
- c. Can you understand what your child says? _____
- d. How long will your child pay attention to an activity? _____
- e. Is your child toilet trained? Day? _____ Night? _____
2. What does your child like to do? _____
3. Does anything seem hard for your child to do? ☐ YES ☐ NO If YES, please explain: _____
4. Does your child have problems with school work? ☐ YES ☐ NO If YES, please explain: _____
5. Are you worried about your child's behavior at school or at home? ☐ YES ☐ NO If YES, please explain: _____
6. What does your child do when not in school? (For example, watch TV, read, part-time job, play with other children.) _____
7. What activities does the family do together? (For example, watch TV, go camping, and/or participate in hobbies or sports.) _____
8. Which of the following do you use to discipline your child?

<input type="radio"/> Spanking	<input type="radio"/> Extra chores	<input type="radio"/> Time Out	<input type="radio"/> Take away privileges
<input type="radio"/> Grounding	<input type="radio"/> Early Bedtime	<input type="radio"/> Extra privileges	<input type="radio"/> Rewards for good behavior
<input type="radio"/> Other: _____			

 Do these methods of discipline seem to work? ☐ YES ☐ NO

9. Describe your child's behavior at home/in the neighborhood:

- | | | |
|--|---|---|
| <input type="radio"/> generally well-behaved | <input type="radio"/> gets along well with family members | <input type="radio"/> minds well |
| <input type="radio"/> appears happy | <input type="radio"/> plays well with neighborhood children | <input type="radio"/> has nightmares |
| <input type="radio"/> is overactive | <input type="radio"/> is hostile/aggressive towards others | <input type="radio"/> seems anxious/upset |
| <input type="radio"/> wets the bed | <input type="radio"/> accepts responsibility for chores | <input type="radio"/> is shy |
| <input type="radio"/> seems unhappy/withdrawn/depressed | | <input type="radio"/> is defiant |
| <input type="radio"/> participates in organized group activities (sports, scouts, church groups, etc.) | | |

10. Has his/her behavior changed in the last few years? ☐ YES ☐ NO If YES, please explain:

11. How does your child feel about school? _____

12. What else would you like us to know about your child? _____

EVALUATION/SCHOOL HISTORY

1. List all the schools, preschools, and/or daycare facilities your child has attended: _____

2. Has your child ever repeated a grade? _____ If so, which grade(s)? _____

3. Has your child ever been evaluated? (For example: at a school, agency, hospital, or by an OT/PT, speech therapist or psychologist, etc.) If so, please list the date/place: _____

HEALTH HISTORY

1. Has your child had any serious illnesses, been in any accidents, or been hospitalized in the last three years? ☐ YES ☐ NO
If YES, please describe the illness, accident, or reason for hospitalization and give your child's age at the time. _____

2. What time does your child go to bed at night? Does he/she have trouble sleeping? ☐ YES ☐ NO If YES, please describe: _____

YES NO

☐ ☐ Is your child under care of a doctor for a medical condition? If YES, please explain: _____

Name of doctor: _____

☐ ☐ Does your child appear to have any other physical health conditions, including allergies? If YES, please explain: _____

☐ ☐ Has your child ever taken medicine for a long period of time? If YES please explain: _____

☐ ☐ Is your child now taking any medications? If YES, please identify the medicine and what it is for: _____

☐ ☐ Are there any family health concerns you would like us to be aware of? If YES, please explain: _____

☐ ☐ Is your child receiving services from another agency? If YES, please explain: _____

Signature of Parent

DATE: _____

Signature of Interviewer and Title (if obtained by parent interview)

DATE: _____

Date Sent to Parent _____

Revised 08/15

**HOUSTON INDEPENDENT SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION SERVICES
Child Study Department**

Consent for Full and Individual Evaluation

Student: _____ ID#: _____ Birthdate: _____

School: _____ Grade: _____

You have received the *Notice of Full and Individual Evaluation and Test Description*.

We need your permission to test your child/you to find out what your child's/your educational needs are.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

☐ Yes ☐ No *I have been fully informed and understand the assessment process and why it has been recommended for my child/me. **If no, please explain:**

☐ Yes ☐ No *I have been fully informed and understand the name of the tests to be used and the purpose of the assessments recommended for my child/me. **If no, please explain:**

☐ Yes ☐ No I have been given the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. **If no, please explain:**

☐ Yes ☐ No *I give my permission for the testing that has been recommended for my child/me. **If no, please explain:**

☐ Yes ☐ No *I understand that my consent for assessment is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive. It does not negate an action that has occurred after the consent was given and before the consent was revoked. **If no, please explain:**

☐ Yes ☐ No *I have been informed in my native language or other mode of communication.

☐ Yes ☐ No *I give permission for the testing to begin immediately by waiving the required five school day waiting period between the notice of assessment and the initiation of the assessment.

*Signature of Parent/Legal Guardian/Surrogate Parent/Adult Student_____
*Date_____
*Signature of Parent 2/Legal Guardian 2, if applicable_____
*Date_____
*Signature of Interpreter, if used_____
*Date

NOTE: The trainee or intern is not licensed and is under the supervision of a licensed specialist in school psychology and/or licensed psychologist.

*DENOTES REQUIRED ITEMS

**HOUSTON INDEPENDENT SCHOOL DISTRICT
CHILD STUDY DEPARTMENT**

BEHAVIOR RATING SCALE

Name: _____

DOB: _____

School: _____

ID#: _____

Directions: Circle the statements that describe the student's behavior

A. COOPERATION				
Continually disrupts classroom; unable to inhibit responses	Frequently demands the "spotlight"; often speaks out of turn	Waits his turn; average for age and grade	Cooperates well; above average	Cooperates without encouragement
B. ATTENTION				
Never attentive, very distractible	Rarely listens, attention frequently wanders	Attends adequately for age and grade	Above average, almost always attends	Always attends; long attention span
C. ABILITY TO ORGANIZE				
Highly disorganized, very slovenly	Often disorganized in manner of work; inexact, careless	Maintains average organization of work; careful	Above average ability to organize and complete work	Always completes assignments in a highly organized manner
D. ADAPTS TO CHANGE				
Extremely excitable, totally lacking in self-control	Often over-reacts; new situations are disturbing	Adapts adequately for age and grade	Adapts easily and quickly with confidence	Excellent adaptation, initiative, and independence
E. SOCIAL ACCEPTANCE				
Avoided by others	Tolerated by others	Liked by others	Well liked by others	Sought by others
F. ACCEPTS RESPONSIBILITY				
Rejects responsibility; never initiates activity	Avoids responsibility	Accepts a good portion of responsibility	Enjoys responsibility; volunteers	Seeks responsibility; always takes initiative
G. COMPLETES ASSIGNMENTS				
Never finishes even with guidance	Seldom finishes even with guidance	Average ability to follow through on assignments	Above average ability to complete assignments	Always completes assignments without supervision
H. SOCIALIZATION				
Always rude	Usually disregards feelings of others	Average tactfulness, adequate social skills	Above average tactfulness; socially correct	Always tactful; excellent social skills; never rude

Completed by: _____

Date: _____

**HOUSTON INDEPENDENT SCHOOL DISTRICT
CHILD STUDY DEPARTMENT**

LANGUAGE RATING SCALE

Name: _____

DOB: _____

School: _____

ID#: _____

Directions: Circle the statements that describe the student's receptive and expressive language

Receptive Language		
<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>
Does not attend to all of what is said	Usually attends to all of what is said	Always attends to all of what is said
Does not understand basic concepts	Usually understands basic concepts	Always understands basic concepts
Does not demonstrate understanding of vocabulary appropriate for age and grade level	Usually demonstrates understanding of vocabulary appropriate for age and grade level	Always demonstrates understanding of vocabulary appropriate for age and grade level
Does not respond appropriately to initial instructions	Usually responds appropriately to initial instructions	Always responds appropriately to initial instructions
Does not understand and follow directions	Usually understands and follows directions	Always understands and follows directions
Expressive Language		
<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>
Uses immature or limited vocabulary for age and grade	Uses adequate vocabulary for age and grade	Uses above average vocabulary for age and grade
Unable to call forth exact word or gropes for words when speaking	Occasionally searches for correct word, but demonstrates average ability when speaking	Always speaks well; never hesitates or substitutes words when speaking
Uses incomplete sentences with grammatical errors	Formulates sentences with correct grammatical structure	Formulates sentences correctly; uses subject/verb, verb tenses, pronouns, plurals correctly
Has difficulty relating isolated facts; ideas are isolated and incomplete	Usually relates facts into meaningful ideas; adequate for age and grade	Outstanding ability in relating facts appropriately
Speech is difficult to understand; sometimes dysfluent; draws attention to itself	Speech is intelligible; fluent; adequate for age	Speech is always clear and easy to understand; distinct and fluent

Completed by: _____

Date: _____

Originator: ANY School Personnel who contacts the parent(s), adult student(s), or guardian(s)

Purpose: To maintain documentation of all communication with parent(s)/adult student(s)/guardian(s) regarding the student/adult child's education.

Student's Name:_____ DOB:_____ Parent's Name:_____

School:_____ Phone#:_____ Emergency Phone#:_____

In order to be in compliance with federal, state and local guidelines, a *Record of Communication* must be maintained in the student's Special Education Eligibility Folder. Communication with the parent(s)/adult student(s)/guardian(s) must be in the language or mode of communication best understood by the parent(s)/adult student(s)/guardian(s). Efforts **MUST** be made to ensure that the parent(s)/adult student(s)/guardian(s) understand the content of the communication.

Any communication referencing the education of the child/adult student should be documented. The *Record of Communication* with the parent(s)/adult student(s)/guardian(s) and district personnel **MUST** reflect documentation of the following:

- Campus Referral Committee Report
- Notice of Full and Individual Evaluation and Test Description
- Consent for Full and Individual Evaluation
- Notice of the ARD/IEP Committee Meeting
- Special Education: Parent's and Student's Right Booklet
- Questions and Answers about Impartial Due Process Hearings
- Guide to the ARD/IEP Process
- ARD/IEP Committee Report
- ARD/IEP Follow up Letter to Parent(s)
- IEP Update Sessions
- Permission for Health Related Services
- Student Records
- Letters/Communication with Parent(s)

[illegible]

[illegible]

HOUSTON INDEPENDENT SCHOOL DISTRICT

RECEIPT FOR NOTICE OF PROCEDURAL SAFEGUARDS RIGHTS OF PARENTS OF STUDENTS WITH DISABILITIES

as required by *Individuals with Disabilities Education Act (IDEA) 34 Code of Federal Regulations – Part 300*

Name of Student _____ Date of Birth _____

Note: Each time the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities* is distributed receipt must be documented.

This is to verify that I have received a copy of the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities* which informs me of my rights throughout the child/student-centered educational process. The procedural safeguards have been explained to me by (name/position/date entered in the following section):

I understand that my rights include the right to receive:

- this and all other notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in Braille as appropriate, and
- answers from school personnel to additional questions I may have. My signature below indicates that I initially received a copy of the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities* on the date specified and that I understand its contents.

I understand that school personnel will make an entry on the distribution log each time I am given/sent a copy of the *Notice of Procedural Safeguards Rights of Parents of Students with Disabilities*.

Complete this section for initial distribution only.

(Name)

(Signature of Parent/Guardian/Surrogate Parent/Adult Student)

(Position)

(Date Signed)

on _____
(Date Issued)

(Signature of Interpreter [if used])

(Name of Student's Current Campus)

(Date Signed)

DISTRIBUTION LOG

Type of Notice Check the type of notice with which the <i>Notice of Procedural Safeguards Rights of Parents of Students with Disabilities</i> was disseminated.						Recipient Enter the name of the person to whom a copy of	Date Sent/Given Enter the date the
<i>Notice of Full and Individual Evaluation and Test Description</i>	<i>Notice of the Admission, Review, and Dismissal/ Individualized Education Program (ARD/IEP) Committee Meeting</i>	<i>Consent for Initial Placement</i>	<i>Notice of Refusal to Provide Services</i>	<i>Admission, Review and Dismissal/ Individualized Education Program (ARD/IEP) Committee Meeting</i>	<i>Notice of release/ consent to request confidential information</i>	<i>The Notice of Procedural Safeguards Rights of Parents of Students with Disabilities was sent/given.</i>	<i>Notice of Procedural Safeguards Rights of Parents of Students with Disabilities was disseminated.</i>

Name of Student	Date of Birth
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DISTRIBUTION LOG

[illegible]

NOTICE OF FULL AND INDIVIDUAL EVALUATION AND TEST DESCRIPTION

Date Sent: _____ Reason: ☐ Initial ☐ Reevaluation ☐ Special Request of ARD Committee

Student Name _____ ID# _____ Birth Date _____ School _____

* We have carefully reviewed your child's/your school records, information from his/her/your teachers, and information you have shared with us. More information is needed to determine his/her/your needs and to plan an appropriate school program. You will receive a consent form requesting your permission for the testing.

*We want to do a full evaluation of your child/you for the following reasons:

- ☐ To determine if a disability exists that may cause a need for Special Education services (Initial).
☐ To determine if a disability continues to exist that may cause a continued need for Special Education services (Reevaluation).

***Before recommending this evaluation, we considered the following alternatives:**

- ☐ General education ☐ Change in pace of instruction ☐ Change in method of instruction ☐ Change of materials
☐ Change in programming ☐ Other: _____

These options were rejected due to:

- ☐ Lack of progress ☐ Continued failure ☐ Discipline problems ☐ Other: _____

We want to evaluate your child/you in all the areas listed below. These tests will help us learn more about his/her/your educational needs.

****LANGUAGE (COMMUNICATIVE STATUS)**

If your child/you know(s) more than one language, these tests will help us find out which is the best language for his/her/your learning. They will also let us know which language to use for all other testing. We want to find out how well your child/you understand(s) what is said to him/her/you and how well your child/you can express thoughts. If your child/you have trouble speaking clearly, we may test him/her/you to determine if a speech impairment exists. Examples of tests which may be used include, but are not limited to: Woodcock-Johnson Batteries (Oral Language), Goldman-Fristoe Test of Articulation and Auditory Discrimination, and Expressive One-Word Picture Vocabulary Test.

****PHYSICAL (MOTOR ABILITIES, HEALTH, VISION, HEARING)**

We want to know if any physical or health problems make it difficult for your child/you to do his/her/your school work. Assessments may include, but are not limited to vision and hearing screening, functional vision, audiological, and otological assessments, medical exams by a physician, and gross and fine motor inventories.

****EMOTIONAL/BEHAVIORAL**

We want to know how well your child/you get(s) along with others at school and at home. We will collect information from you and his/her/your teachers. We may also conduct behavioral observations, rating scales, and student interviews. Examples of tests which may be used include, but are not limited to: Behavior Assessment System for Children, Conners Comprehensive Behavior Rating Scales, Behavior Rating Inventory of Executive Function, The Childhood Autism Rating Scale, The Gilliam Autism Rating Scale, The Gilliam Asperger's Disorder Scale, Autism Spectrum Rating Scales, Beck Youth Inventories, Children's Depression Inventory, and Revised Children's Manifest Anxiety Scale.

****SOCIOLOGICAL**

We want to get information about your child's/your home life and the kinds of experiences he/she/you have had in your family. School staff members may be calling to talk to you about this or asking you to complete a Parent Information survey.

****INTELLECTUAL/ADAPTIVE BEHAVIOR**

We want to determine how well your child/you understand(s), retrieve(s) and process(es) information, compared to others of the same age. We also want to find out how well your child/you take(s) care of himself/herself/yourself at home and at school. Tests may include, but are not limited to: the Wechsler Intelligence Scales, Kaufman Assessment Batteries, Stanford-Binet Intelligence Scale, Adaptive behavior Assessment System, Adaptive Behavior Assessment Systems, Differential Ability Scales, Woodcock Johnson Assessments, Bayley Scales, Development Assessment of Young Children Scales and the Vineland Adaptive Behavior Scales.

*Denotes required items

**Student must be assessed in all areas related to the suspected disability, including the requirements of 34CFR §300.304(c)(4), if appropriate.

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****EDUCATIONAL LEARNING COMPETENCIES (ACADEMIC PERFORMANCE)**

We want to find out how your child is/you are doing in reading, math, written language, and other areas, including job-related skills, if appropriate. Tests may include, but are not limited to: the Woodcock-Johnson Batteries, Wechsler Achievement Tests, and Kaufman Achievement Tests.

Other factors relevant to this proposal to assess (if applicable):

*Your rights were explained to you at the time of the initial referral for special education evaluation. Federal regulations require that parents be provided a full explanation of all procedural safeguards in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child/you or the provision of a free appropriate public education (FAPE) to your child/you. A copy of the *Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities* is attached to this form.

Date given: _____ To: _____

SIGNATURE OF INTERPRETER (if applicable)

DATE

If you have any questions, please call: _____

(telephone number): _____

These sources can provide additional information and/or can assist in understanding this *Notice of Full and Individual Evaluation*.

Houston Independent School District Office of Special Education Services
713.434.4717

Learning Disabilities Association of Texas
512.458.8234 or 1.800.604.7500

Advocacy, Inc.
713.974.7691

Special Kids, Inc.
713.734.5355

Partners Resource Network
1.800.866.4726

Attachment: *Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities*

*Denotes required items

**Student must be assessed in all areas related to the suspected disability, including the requirements of 34CFR §300.304(c)(4), if appropriate.

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